

United States Bankruptcy Court Northern District of Illinois							Voluntary Petition												
Name of Debtor (if individual, enter Last, First, Middle): Baster, Dominik				Name of Joint Debtor (Spouse) (Last, First, Middle):															
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):															
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 3181				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all):															
Street Address of Debtor (No. & Street, City, State & Zip Code): 4728 N. Newland Avenue Harwood Heights, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):															
ZIPCODE 60706				ZIPCODE															
County of Residence or of the Principal Place of Business: Cook				County of Residence or of the Principal Place of Business:															
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):															
ZIPCODE				ZIPCODE															
Location of Principal Assets of Business Debtor (if different from street address above):				ZIPCODE															
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) Chapter 15 Debtor Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:			Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).			Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.													
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							THIS SPACE IS FOR COURT USE ONLY												
Estimated Number of Creditors <table style="width: 100%; border: none;"><tr><td style="text-align: center;"><input type="checkbox"/> 1-49</td><td style="text-align: center;"><input checked="" type="checkbox"/> 50-99</td><td style="text-align: center;"><input type="checkbox"/> 100-199</td><td style="text-align: center;"><input type="checkbox"/> 200-999</td><td style="text-align: center;"><input type="checkbox"/> 1,000-5,000</td><td style="text-align: center;"><input type="checkbox"/> 5,001-10,000</td><td style="text-align: center;"><input type="checkbox"/> 10,001-25,000</td><td style="text-align: center;"><input type="checkbox"/> 25,001-50,000</td><td style="text-align: center;"><input type="checkbox"/> 50,001-100,000</td><td style="text-align: center;"><input type="checkbox"/> Over 100,000</td></tr></table>										<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000
<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000				<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000							
Estimated Assets <table style="width: 100%; border: none;"><tr><td style="text-align: center;"><input checked="" type="checkbox"/> \$0 to \$50,000</td><td style="text-align: center;"><input type="checkbox"/> \$50,001 to \$100,000</td><td style="text-align: center;"><input type="checkbox"/> \$100,001 to \$500,000</td><td style="text-align: center;"><input type="checkbox"/> \$500,001 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$10 million</td><td style="text-align: center;"><input type="checkbox"/> \$10 million to \$50 million</td><td style="text-align: center;"><input type="checkbox"/> \$50,000,001 to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> \$100,000,001 to \$500 million</td><td style="text-align: center;"><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td style="text-align: center;"><input type="checkbox"/> More than \$1 billion</td></tr></table>										<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion										
Estimated Liabilities <table style="width: 100%; border: none;"><tr><td style="text-align: center;"><input type="checkbox"/> \$0 to \$50,000</td><td style="text-align: center;"><input type="checkbox"/> \$50,001 to \$100,000</td><td style="text-align: center;"><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td style="text-align: center;"><input type="checkbox"/> \$500,001 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$10 million</td><td style="text-align: center;"><input type="checkbox"/> \$10 million to \$50 million</td><td style="text-align: center;"><input type="checkbox"/> \$50,000,001 to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> \$100,000,001 to \$500 million</td><td style="text-align: center;"><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td style="text-align: center;"><input type="checkbox"/> More than \$1 billion</td></tr></table>							<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion			
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion										

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Baster, Dominik	
All Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). X /s/ Agnes Pogorzelski 8/05/15 Signature of Attorney for Debtor(s) Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord that obtained judgment) _____ (Address of landlord) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Baster, Dominik

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Dominik Baster

Signature of Debtor

Dominik Baster

X

Signature of Joint Debtor

(773) 630-4563

Telephone Number (If not represented by attorney)

August 5, 2015

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ Agnes Pogorzelski

Signature of Attorney for Debtor(s)

Agnes Pogorzelski 6279357

Agnes Pogorzelski & Associates, P.C.

7443 W. Irving Park Road Suite 1W

Chicago, IL 60634

pogorzelski.law@gmail.com

August 5, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

UNITED STATES BANKRUPTCY COURT**NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

IN RE:

Case No. _____

Baster, Dominik

Chapter **7**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy
petition preparer is not an individual, state
the Social Security number of the officer,
principal, responsible person, or partner of
the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or
partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Baster, Dominik

Printed Name(s) of Debtor(s)

X /s/ Dominik Baster

Signature of Debtor

8/05/2015

Date

Case No. (if known) _____

X _____

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

IN RE:

Case No. _____

Baster, Dominik

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Dominik Baster

Date: August 5, 2015

IN RE:

Case No. _____

Baster, Dominik

Chapter **7**

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 3,661.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	21		\$ 147,875.96	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 2,601.48
J - Current Expenditures of Individual Debtor(s)	Yes	4			\$ 2,568.00
TOTAL		36	\$ 3,661.00	\$ 147,875.96	

IN RE:

Case No. _____

Baster, Dominik

Debtor(s)

Chapter **7****STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 12)	\$ 2,601.48
Average Expenses (from Schedule J, Line 22)	\$ 2,568.00
Current Monthly Income (from Form 22A-1 Line 11; OR , Form 22B Line 14; OR , Form 22C-1 Line 14)	\$ 3,986.67

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 147,875.96
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 147,875.96

B6B (Official Form 950) (12-07)
IN RE Baster, Dominik

Debtor(s)

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on hand		20.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Household goods, bed, computer, etc.		950.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Wearing apparel		450.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE **Baster, Dominik**

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2000 Honda Civic w/ 104,000 miles		2,241.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

IN RE Baster, Dominik

Debtor(s)

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				3,661.00

_____**0** continuation sheets attached

(Include amounts from any continuation sheets attached.
Report total also on Summary of Schedules.)

Case No.

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. *

☒ 11 U.S.C. § 522(b)(3)

SCHEDULE B - PERSONAL PROPERTY

735 ILCS 5/12-1001(b)

20.00

20.00

735 ILCS 5/12-1001(b)

950.00

950.00

735 ILCS 5/12-1001(a)

450.00

450.00

735 ILCS 5/12-1001(c)

2,241.00

2,241.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
Subtotal (Total of this page)						\$	\$
Total (Use only on last page)						\$	\$

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 1112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE **Baster, Dominik**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. L461 Addison Central Pathology 520 E. 22nd Street Lombard, IL 60148		Past due medical bills				211.00
ACCOUNT NO. L461 Addison Central Pathology 520 E. 22nd Street Lombard, IL 60148		Past due medical bills				80.00
ACCOUNT NO. L461 Addison Central Pathology 520 E. 22nd Street Lombard, IL 60148		Past due medical bills				138.50
ACCOUNT NO. L501 Addison Radiology Associates, SC 520 E. 22nd Street Lombard, IL 60148		Past due medical bills				908.00

20 continuation sheets attached	Subtotal (Total of this page)	\$ 1,337.50
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	Total	\$

IN RE **Baster, Dominik**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. L061 Advanced Radiology Consultants 520 E. 22nd Street Lombard, IL 60148		Past due medical bills				96.00
ACCOUNT NO. Illinois Collection Service, Inc. P.O. Box 1010 Tinley Park, IL 60477		Assignee or other notification for: Advanced Radiology Consultants				
ACCOUNT NO. 1478 Advocate Lutheran General Hospital P.O. Box 4249 Carol Stream, IL 60197		Past due medical bills				360.00
ACCOUNT NO. United Recovery Services, LLC 18525 Torrence Avenue, Unit C6 Lansing, IL 60438		Assignee or other notification for: Advocate Lutheran General Hospital				
ACCOUNT NO. 7706 Affiliated Radiologists, SC Dept. 4104 Carol Stream, IL 60122		Past due medical bills				171.00
ACCOUNT NO. Merchants Credit Guide 223 W. Jackson Blvd., Suite 400 Chicago, IL 60606		Assignee or other notification for: Affiliated Radiologists, SC				
ACCOUNT NO. 0084 Alpha Recovery Corp. 5660 Greenwood Plaza, Suite 101 Greenwood Village, CO 80111		Car monitor fee				2,976.00

Sheet no. 1 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **3,603.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE **Baster, Dominik**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Anthony M. Montemurro 6097 N. Northwest Hwy. Chicago, IL 60631		Past due attorney fees				5,960.00
ACCOUNT NO. 5535 Armor Systems Co (original Creditor:fran 1700 Kiefer Dr Ste 1 Zion, IL 60099		Open account opened 2009-06-25				200.00
ACCOUNT NO. 3991 Carson Pirie Scott / Comenity Bank Bankruptcy Department P.O. Box 182125 Columbus, OH 43218		Numerous credit card transactions over time				703.19
ACCOUNT NO. LVNV Funding, LLC P.O. Box 10497 Greenville, SC 29603		Assignee or other notification for: Carson Pirie Scott / Comenity Bank				
ACCOUNT NO. Credit Control, LLC 5757 Phantom Drive, Suite 330 Hazelwood, MO 63042		Assignee or other notification for: Carson Pirie Scott / Comenity Bank				
ACCOUNT NO. Capital Management Services, LP 726 Exchange Street, Suite 700 Buffalo, NY 14210		Assignee or other notification for: Carson Pirie Scott / Comenity Bank				
ACCOUNT NO. 6570 CBE Group 1309 Technology Pkwy Cedar Falls, IA 50613		Open account opened 2010-11-23				207.00

Sheet no. 2 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **7,070.19**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Baster, Dominik

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ComEd P.O. Box 805379 Chicago, IL 60680		Assignee or other notification for: CBE Group				
ACCOUNT NO. 9583 City Of Chicago Emergency Medical Services 33589 Treasury Center Chicago, IL 60694		Past due medical bills				1,007.00
ACCOUNT NO. Arnold Scott Harris, P.C. 111 W. Jackson Blvd., Suite 600 Chicago, IL 60604		Assignee or other notification for: City Of Chicago				
ACCOUNT NO. 0778 City Of Chicago Emergency Medical Services 33589 Treasury Center Chicago, IL 60694		Past due medical bills				982.00
ACCOUNT NO. 5574 City Of Chicago Emergency Medical Services 33589 Treasury Center Chicago, IL 60694		Past due medical bills				1,082.00
ACCOUNT NO. 1372 City Of Chicago Department Of Finance P.O. Box 88292 Chicago, IL 60680		Parking tickets				100.00
ACCOUNT NO. 0368 City Of Chicago Department Of Finance P.O. Box 88292 Chicago, IL 60680		Parking tickets				244.00

Sheet no. 3 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **3,415.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)Total
\$

IN RE **Baster, Dominik**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Linebarger Goggan Blair & Sampson, LLP P.O. Box 06152 Chicago, IL 60606		Assignee or other notification for: City Of Chicago				
ACCOUNT NO. 5800 Clinical Associates 1460 Market Street, Suit3 300 Des Plaines, IL 60016		Past due medical bills				1,684.28
ACCOUNT NO. 0085 ComEd P.O. Box 805379 Chicago, IL 60680		Past due utilities				207.94
ACCOUNT NO. 4350 Community First Medical Center P.O. Box 83376 Chicago, IL 60691		Past due medical bills				1,243.50
ACCOUNT NO. 7012 Community First Medical Center P.O. Box 83376 Chicago, IL 60691		Past due medical bills				2,497.50
ACCOUNT NO. 2035 Community First Medical Center P.O. Box 83376 Chicago, IL 60691		Past due medical bills				2,178.80
ACCOUNT NO. 4829 Credit Management, LP 4200 International Pkwy Carrollton, TX 75007		Open account opened 2010-01-12				178.00

Sheet no. 4 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **7,990.02**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)Total
\$

IN RE Baster, Dominik

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0962 Credit Protection Association 13355 Noel Rd Ste 2100 Dallas, TX 75240		Open account opened 2008-10-08				178.00
ACCOUNT NO. 8095 Dependon Collection Service P.O. Box 4833 Oak Brook, IL 60522		Open account opened 2013-04-07				675.00
ACCOUNT NO. 2398 Diversified Collection Services 900 S. Highway Drive, Suite 120 Fenton, MO 63026		Auto accident				2,609.20
ACCOUNT NO. 5657 Elgin Laboratory Physicians 175 S. Lincoln Avenue, #1515 Addison, IL 60101		Past due medical bills				135.00
ACCOUNT NO. 0194 Enhanced Recovery Co. 8014 Bayberry Rd Jacksonville, FL 32256		Open account opened 2012-03				270.00
ACCOUNT NO. 7709 Enhanced Recovery Co. 8014 Bayberry Rd Jacksonville, FL 32256		Open account opened 2011-04-25				748.00
ACCOUNT NO. 4705 Grant & Weber 861 Coronado Center Dr S Henderson, NV 89052		Open account opened 2013-08-19				4,387.00

Sheet no. 5 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **9,002.20**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Baster, Dominik

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Holy Family Medical Center 62400 Collection Center Dr. Chicago, IL 60693		Assignee or other notification for: Grant & Weber				
ACCOUNT NO. 4706 Grant & Weber 861 Coronado Center Dr S Henderson, NV 89052		Open account opened 2013-08-19				4,379.00
ACCOUNT NO. Holy Family Medical Center 62400 Collection Center Dr. Chicago, IL 60693		Assignee or other notification for: Grant & Weber				
ACCOUNT NO. Illinois Collection Service, Inc. P.O. Box 1010 Tinley Park, IL 60477		Assignee or other notification for: Grant & Weber				
ACCOUNT NO. 5448 Grant & Weber 861 Coronado Center Dr S Henderson, NV 89052		Open account opened 2014-01-27				150.00
ACCOUNT NO. Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Assignee or other notification for: Grant & Weber				
ACCOUNT NO. Illinois Collection Service, Inc. P.O. Box 1010 Tinley Park, IL 60477		Assignee or other notification for: Grant & Weber				

Sheet no. 6 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **4,529.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE **Baster, Dominik**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5768 Grant & Weber 861 Coronado Center Dr S Henderson, NV 89052		Open account opened 2012-04-30				3,356.00
ACCOUNT NO. Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Assignee or other notification for: Grant & Weber				
ACCOUNT NO. 5868 Grant & Weber, Inc. 26575 W. Agoura Road Calabasas, CA 91302		Past due medical bills				2,638.95
ACCOUNT NO. Resurrection Medical Center 7435 W. Talcott Avenue Chicago, IL 60631		Assignee or other notification for: Grant & Weber, Inc.				
ACCOUNT NO. Illinois Collection Service, Inc. P.O. Box 1010 Tinley Park, IL 60477		Assignee or other notification for: Grant & Weber, Inc.				
ACCOUNT NO. Van Ru Credit Corporation 11069 Strang Line Road, Bldg E Lenexa, KS 66215		Assignee or other notification for: Grant & Weber, Inc.				
ACCOUNT NO. 0104 HK Craig & Associates, LLC 534 S. Pineapple Avenue Sarasota, FL 34236		Open account opened 2012-11				5,829.00

Sheet no. 7 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **11,823.95**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE **Baster, Dominik**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. First Acceptance Corporation		Assignee or other notification for: HK Craig & Associates, LLC				
ACCOUNT NO. 0099 HK Craig & Associates, LLC P.O. Box 3529 Sarasota, FL 34230		Auto accident 1/8/2012				5,829.47
ACCOUNT NO. 1064 Holy Family Medical Center 62400 Collection Center Dr. Chicago, IL 60693		Past due medical bills				287.66
ACCOUNT NO. 4078 Holy Family Medical Center 62400 Collection Center Dr. Chicago, IL 60693		Past due medical bills				28.76
ACCOUNT NO. 2223 HS Financial Group, LLC P.O. Box 451193 Westlake, OH 44145		Numeorous credit card transactions over time				3,232.13
ACCOUNT NO. 4544 Illinois Collection Se (original Credito 8231 185th St Ste 100 Tinley Park, IL 60487		Open account opened 2012-10-03				771.00
ACCOUNT NO. 4444 Illinois Collection Se (original Credito 8231 185th St Ste 100 Tinley Park, IL 60487		Open account opened 2011-03-04				545.00

Sheet no. **8** of **20** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **10,694.02**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Baster, Dominik

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1738 Illinois Collection Se (original Credito 8231 185th St Ste 100 Tinley Park, IL 60487		Open account opened 2012-09-18				291.00
ACCOUNT NO. 1978 Illinois Collection Serv ice, Inc. 8231 185th St Ste 100 Tinley Park, IL 60487		Open account opened 2014-03-03				2,000.00
ACCOUNT NO. Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Assignee or other notification for: Illinois Collection Serv ice, Inc.				
ACCOUNT NO. 8378 Illinois Collection Service, Inc. 8231 185th St Ste 100 Tinley Park, IL 60487		Open account opened 2013-02-04				1,366.00
ACCOUNT NO. 1828 Illinois Collection Service, Inc. 8231 185th St Ste 100 Tinley Park, IL 60487		Open account opened 2012-11-05				485.00
ACCOUNT NO. Resurrection Medical Group 62145 Collections Drive Chicago, IL 60693		Assignee or other notification for: Illinois Collection Service, Inc.				
ACCOUNT NO. Best Practices Impatient Care, Ltd. P.O. Box 268 Lake Zurich, IL 60047		Assignee or other notification for: Illinois Collection Service, Inc.				

Sheet no. 9 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **4,142.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Baster, Dominik

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 9736 Illinois Collection Service, Inc. 8231 185th St Ste 100 Tinley Park, IL 60487		Open account opened 2013-01-03				435.00
ACCOUNT NO. Resurrection Medical Group 62145 Collections Drive Chicago, IL 60693		Assignee or other notification for: Illinois Collection Service, Inc.				
ACCOUNT NO. 6448 Illinois Collection Service, Inc. 8231 185th St Ste 100 Tinley Park, IL 60487		Open account opened 2013-02-01				291.00
ACCOUNT NO. Resurrection Medical Group 62145 Collections Drive Chicago, IL 60693		Assignee or other notification for: Illinois Collection Service, Inc.				
ACCOUNT NO. 2585 Illinois Collection Service, Inc. 8231 185th St Ste 100 Tinley Park, IL 60487		Open account opened 2013-03-04				96.00
ACCOUNT NO. 3695 Illinois Collection Service, Inc. P.O. Box 1010 Tinley Park, IL 60477		Past due medical bills				1,880.70
ACCOUNT NO. Holy Family Medical Center 62400 Collection Center Dr. Chicago, IL 60693		Assignee or other notification for: Illinois Collection Service, Inc.				

Sheet no. 10 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,702.70**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Baster, Dominik

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6107 Jacob Moskovic, MD 120 W. Eastman Street, Suite 202 Arlington Heights, IL 60004		Past due medical bills				221.31
ACCOUNT NO. 4532 Joseph O'Donnell & Associates 1400 E. Golf Road, Suite 105 Des Plaines, IL 60016		Past due medical bills				30.00
ACCOUNT NO. McDermott Center DbA Haymarket Center 932 W. Washington Blvd. Chicago, IL 60607		Past due services				3,607.00
ACCOUNT NO. 0462 Med-Pol, SC 7624 W. Belmont Avenue Chicago, IL 60634		Past due medical bills				232.35
ACCOUNT NO. 2629 Merchants Credit Guide 223 W Jackson Blvd Ste 4 Chicago, IL 60606		Open account opened 2013-11-07				567.00
ACCOUNT NO. 7613 Midland Credit Management, Inc. 8875 Areo Drive, Suite 200 San Diego, CA 92123		Numerous credit card transactions over time				877.78
ACCOUNT NO. 1060 Midwest Imaging Professionals P.O. Box 371863 Pittsburgh, PA 15250		Past due medical bills				413.00

Sheet no. 11 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **5,948.44**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE **Baster, Dominik**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Merchants Credit Guide 223 W. Jackson Blvd., Suite 400 Chicago, IL 60606		Assignee or other notification for: Midwest Imaging Professionals				
ACCOUNT NO. 6563 Nicor Gas P.O. Box 5407 Carol Stream, IL 60197		Past due utilities				46.26
ACCOUNT NO. 2492 North Shore University Healthsystem Hospital Billing 23056 Network Place Chicago, IL 60673		Past due medical bills				19,297.67
ACCOUNT NO. Pinnacle Management Services 514 Market Loop, Suite 103 West Dundee, IL 60118		Assignee or other notification for: North Shore University Healthsystem				
ACCOUNT NO. 9043 Northwest Collectors 3601 Algonquin Rd Ste 23 Rolling Meadows, IL 60008		Open account opened 2011-05-24				451.00
ACCOUNT NO. 8026 Northwest Pulmonary Assoc. 7447 W. Talcott Avenue, Suite 542 Chicago, IL 60631		Past due medical bills				262.02
ACCOUNT NO. 1646 Northwestern Medical Group 26609 Network Place Chicago, IL 60673		Past due medical bills				1,252.63

Sheet no. **12** of **20** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **21,309.58**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE **Baster, Dominik**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1646 Northwestern Medicine 28155 Network Place Chicago, IL 60673		Past due medical bills				606.63
ACCOUNT NO. Harris & Harris, Ltd. 111 W. Jackson Blvd., Suite 400 Chicago, IL 60604		Assignee or other notification for: Northwestern Medicine				
ACCOUNT NO. 2816 Presence Health 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				2,469.25
ACCOUNT NO. 5552 Presence Health 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				212.05
ACCOUNT NO. Creditors Collection Bureau, Inc. 755 Almar Pkwy. Bourbonnais, IL 60914		Assignee or other notification for: Presence Health				
ACCOUNT NO. 1865 Receivables Performance 20816 44th Ave W Lynnwood, WA 98036		Open account opened 2013-07-02				1,517.00
ACCOUNT NO. 0083 Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				1,138.00

Sheet no. **13** of **20** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **5,942.93**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Baster, Dominik

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Illinois Collection Service, Inc. P.O. Box 1010 Tinley Park, IL 60477		Assignee or other notification for: Resurrection Health Care				
ACCOUNT NO. 0093 Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				3,027.00
ACCOUNT NO. Illinois Collection Service, Inc. P.O. Box 1010 Tinley Park, IL 60477		Assignee or other notification for: Resurrection Health Care				
ACCOUNT NO. 0176 Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				150.00
ACCOUNT NO. 0111 Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				4,012.80
ACCOUNT NO. Illinois Collection Service, Inc. P.O. Box 1010 Tinley Park, IL 60477		Assignee or other notification for: Resurrection Health Care				
ACCOUNT NO. 2816 Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				552.00

Sheet no. 14 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **7,741.80**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE **Baster, Dominik**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. MiraMed Revenue Group 991 Oak Creek Drive Lombard, IL 60148		Assignee or other notification for: Resurrection Health Care				
ACCOUNT NO. 4059 Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				1,691.00
ACCOUNT NO. 2816 Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				1,289.70
ACCOUNT NO. Illinois Collection Service, Inc. P.O. Box 1010 Tinley Park, IL 60477		Assignee or other notification for: Resurrection Health Care				
ACCOUNT NO. 0060 Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				870.40
ACCOUNT NO. Illinois Collection Service, Inc. P.O. Box 1010 Tinley Park, IL 60477		Assignee or other notification for: Resurrection Health Care				
ACCOUNT NO. 0374 Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				6,209.50

Sheet no. **15** of **20** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **10,060.60**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Baster, Dominik

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Firstsource Solutions, LLC 1661 Lyndon Farm Court Louisville, KY 40223		Assignee or other notification for: Resurrection Health Care				
ACCOUNT NO. Illinois Collection Service, Inc. P.O. Box 1010 Tinley Park, IL 60477		Assignee or other notification for: Resurrection Health Care				
ACCOUNT NO. 2816 Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				2,469.25
ACCOUNT NO. 2816 Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				258.27
ACCOUNT NO. MiraMed Revenue Group 991 Oak Creek Drive Lombard, IL 60148		Assignee or other notification for: Resurrection Health Care				
ACCOUNT NO. 0096 Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				4,379.75
ACCOUNT NO. Illinois Collection Service, Inc. P.O. Box 1010 Tinley Park, IL 60477		Assignee or other notification for: Resurrection Health Care				

Sheet no. 16 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **7,107.27**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)Total
\$

IN RE Baster, Dominik

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2816 Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				2,000.00
ACCOUNT NO. 1550 Resurrection Health Care 62314 Collection Center Drive Chicago, IL 60693		Past due medical bills				2,197.95
ACCOUNT NO. 4059 Resurrection Medical Group 62145 Collections Drive Chicago, IL 60693		Past due medical bills				1,256.00
ACCOUNT NO. 2002 Rush University Medical Center Patient Financial Services P.O. Box 4075 Carol Stream, IL 60197		Past due medical bills				720.56
ACCOUNT NO. Computer Credit, Inc. 640 W. 4th Street Winston-Salem, NC 27113		Assignee or other notification for: Rush University Medical Center				
ACCOUNT NO. Medical Business Bureau, LLC 1460 Renaissance Drive, Suite 4 Park Ridge, IL 60068		Assignee or other notification for: Rush University Medical Center				
ACCOUNT NO. 5914 Rush University Medical Center Patient Financial Services P.O. Box 4075 Carol Stream, IL 60197		Past due medical bills				256.00

Sheet no. 17 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **6,430.51**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)Total
\$

IN RE Baster, Dominik

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Nationwide Credit & Collection, Inc. 815 Commerce Drive, Suite 270 Oak Brook, IL 60523		Assignee or other notification for: Rush University Medical Center				
ACCOUNT NO. 1053 Rush University Medical Center Patient Financial Services P.O. Box 4075 Carol Stream, IL 60197		Past due medical bills				3,590.39
ACCOUNT NO. Medical Recovery Specialists, LLC 2250 E. Devon Avenue, Suite 352 Des Plaines, IL 60018		Assignee or other notification for: Rush University Medical Center				
ACCOUNT NO. 7901 Rush University Medical Center Patient Financial Services P.O. Box 4075 Carol Stream, IL 60197		Past due medical bills				207.43
ACCOUNT NO. Nationwide Credit & Collection, Inc. 815 Commerce Drive, Suite 270 Oak Brook, IL 60523		Assignee or other notification for: Rush University Medical Center				
ACCOUNT NO. 2002 Rush University Medical Center Patient Financial Services P.O. Box 4075 Carol Stream, IL 60197		Past due medical bills				1,186.24
ACCOUNT NO. 60n1 Staniscontr 914 14th St Pob 480 Modesto, CA 95353		Open account opened 2011-05				361.00

Sheet no. 18 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **5,345.06**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)Total
\$

IN RE **Baster, Dominik**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4916 T-Mobile Bankruptcy Team P.O. Box 53410 Bellevue, WA 98015		Past due utilities				1,437.34
ACCOUNT NO. Convergent Outsourcing, Inc. P.O. Box 9004 Renton, WA 98057		Assignee or other notification for: T-Mobile Bankruptcy Team				
ACCOUNT NO. Allied Interstate, LLC P.O. Box 4000 Warrenton, VA 20188		Assignee or other notification for: T-Mobile Bankruptcy Team				
ACCOUNT NO. Diversified Consultants, Inc. P.O. Box 551268 Jacksonville, FL 32255		Assignee or other notification for: T-Mobile Bankruptcy Team				
ACCOUNT NO. 9004 The Room Place P.O. Box 182789 Columbus, OH 43218		Revolving account opened 2006-12-11				6,926.00
ACCOUNT NO. 9087 Tribute Po Box 105555 Atlanta, GA 30348-9999		Revolving account opened 2007-12-04				740.00
ACCOUNT NO. 3430 University Pathologists, PC 5620 Southwyck Blvd. Toledo, OH 43614		Past due medical bills				44.85

Sheet no. **19** of **20** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **9,148.19**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Baster, Dominik

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6301 Village Of Broadview P.O. Box 88850 Carol Stream, IL 60188		Past due medical bills				1,236.00
ACCOUNT NO. 5351 Village Of Schiller Park P.O. Box 88850 Carol Stream, IL 60188		Past due medical bills				1,296.00
ACCOUNT NO. Wakefield & Associates, Inc. P.O. Box 58 Fort Morgan, CO 80701		Assignee or other notification for: Village Of Schiller Park				
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 20 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,532.00**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

Total
\$ 147,875.96

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1 **Dominik Baster**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
 (if known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☒ Employed
☐ Not employed

☐ Employed
☒ Not employed

Occupation

Machinist

Employer's name

E.J. Basler Co.

Employer's address

9511 W. Ainslie Street
Number Street

Number Street

Schiller Park, IL 60176-0000
City State ZIP Code

City State ZIP Code

How long employed there? **1 years**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ **3,986.67** \$ **0.00**

3. Estimate and list monthly overtime pay.

3. +\$ **0.00** +\$ **0.00**

4. Calculate gross income. Add line 2 + line 3.

4. \$ **3,986.67** \$ **0.00**

Debtor 1

Dominik Baster

First Name

Middle Name

Last Name

Case number (if known)

Copy line 4 here..... → 4. \$ 3,986.67 \$ 0.00

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>1,111.15</u>	\$ <u>0.00</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>0.00</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>0.00</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>0.00</u>
5e. Insurance	5e. \$ <u>257.75</u>	\$ <u>0.00</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>0.00</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>0.00</u>
5h. Other deductions. Specify: <u>Uniform</u>	5h. + \$ <u>16.29</u>	+ \$ <u>0.00</u>

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$ 1,385.19 \$ 0.00

7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,601.48 \$ 0.00

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>0.00</u>
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>0.00</u>
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>0.00</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>0.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ <u>0.00</u>	\$ <u>0.00</u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>0.00</u>
8h. Other monthly income. Specify: _____	8h. + \$ <u>0.00</u>	+ \$ <u>0.00</u>

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$ 0.00 \$ 0.00

10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$ 2,601.48 + \$ 0.00 = \$ 2,601.48

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____ 11. + \$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,601.48
Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.

☐ Yes. Explain:

None

Fill in this information to identify your case:

Debtor 1 **Dominik Baster**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

☒ No

☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 850.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 20.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1

Dominik Baster

First Name

Middle Name

Last Name

Case number (if known)

Your expenses

5. **Additional mortgage payments for your residence**, such as home equity loans

5. \$ **0.00**

6. **Utilities:**

6a. Electricity, heat, natural gas

6a. \$ **160.00**

6b. Water, sewer, garbage collection

6b. \$ **0.00**

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ **0.00**

6d. Other. Specify: **See Schedule Attached**

6d. \$ **288.00**

7. **Food and housekeeping supplies**

7. \$ **500.00**

8. **Childcare and children's education costs**

8. \$ **0.00**

9. **Clothing, laundry, and dry cleaning**

9. \$ **50.00**

10. **Personal care products and services**

10. \$ **50.00**

11. **Medical and dental expenses**

11. \$ **50.00**

12. **Transportation.** Include gas, maintenance, bus or train fare.
Do not include car payments.

12. \$ **260.00**

13. **Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ **20.00**

14. **Charitable contributions and religious donations**

14. \$ **20.00**

15. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ **0.00**

15b. Health insurance

15b. \$ **0.00**

15c. Vehicle insurance

15c. \$ **0.00**

15d. Other insurance. Specify:

15d. \$ **0.00**

16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify:

16. \$ **0.00**

17. **Installment or lease payments:**

17a. Car payments for Vehicle 1

17a. \$ **0.00**

17b. Car payments for Vehicle 2

17b. \$ **0.00**

17c. Other. Specify:

17c. \$ **0.00**

17d. Other. Specify:

17d. \$ **0.00**

18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).**

18. \$ **0.00**

19. **Other payments you make to support others who do not live with you.**

Specify:

\$ **0.00**

20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property

20a. \$ **0.00**

20b. Real estate taxes

20b. \$ **0.00**

20c. Property, homeowner's, or renter's insurance

20c. \$ **0.00**

20d. Maintenance, repair, and upkeep expenses

20d. \$ **0.00**

20e. Homeowner's association or condominium dues

20e. \$ **0.00**

Debtor 1

Dominik Baster

First Name

Middle Name

Last Name

Case number (if known) _____

21. **Other.** Specify: **Cigarettes**

21. **+\$ 300.00**

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$ 2,568.00**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$ 2,601.48**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 2,568.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$ 33.48**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

IN RE Baster, Dominik

Case No. _____

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

Other Utilities (DEBTOR)

Cellular Telephone

140.00

Cable/Internet

148.00

IN RE **Baster, Dominik**

Debtor(s)

Case No. _____

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 38 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: **August 5, 2015** Signature: **/s/ Dominik Baster**
Dominik Baster

Debtor

Date: _____ Signature: _____
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Case No. _____

Baster, Dominik

Chapter 7

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

1. Income from employment or operation of business

☐ **None** State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
16,602.81	2015 - ytd income (gross)
47,923.00	2014 - income
34,175.00	2013 - income

2. Income other than from employment or operation of business

☒ **None** State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

☒ **None** a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Agnes Pogorzelski & Associates, P.C. 7443 W. Irving Park Road, Suite 1W Chicago, IL 60634		1,300.00
Legal services rendered		
CredAbility 270 Peachtree Street NW, Suite 1800 Atlanta, GA 30303		70.00

Consumer credit counseling

CIN Legal Data Services
4540 Honeywell Court
Dayton, OH 45424

35.00

Credit report

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.
- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.
- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

- None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.
- If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.
- If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: August 5, 2015 Signature /s/ Dominik Baster
of Debtor **Dominik Baster**

Date: _____ Signature _____
of Joint Debtor
(if any)

_____ **0** continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Baster, Dominik

Debtor(s)

Case No. _____

Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (Part A must be fully completed for ***EACH*** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name:	Describe Property Securing Debt:
Property will be (<i>check one</i>): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
Creditor's Name:	Describe Property Securing Debt:
Property will be (<i>check one</i>): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

PART B – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

____ continuation sheets attached (*if any*)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: August 5, 2015

/s/ Dominik Baster

Signature of Debtor

Signature of Joint Debtor

IN RE:

Case No. _____

Baster, Dominik

Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 1,600.00

Prior to the filing of this statement I have received \$ 1,300.00

Balance Due \$ 300.00

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 5, 2015

Date

/s/ Agnes Pogorzelski

Agnes Pogorzelski 6279357
Agnes Pogorzelski & Associates, P.C.
7443 W. Irving Park Road Suite 1W
Chicago, IL 60634

pogorzelski.law@gmail.com

IN RE:

Case No. _____

Baster, Dominik

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 79

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: August 5, 2015

/s/ Dominik Baster

Debtor

Joint Debtor

Baster, Dominik
4728 N. Newland Avenue
Harwood Heights, IL 60706

Armor Systems Co (original Creditor:fran
1700 Kiefer Dr Ste 1
Zion, IL 60099

Community First Medical Center
P.O. Box 83376
Chicago, IL 60691

Agnes Pogorzelski & Associates, P.C.
7443 W. Irving Park Road Suite 1W
Chicago, IL 60634

Arnold Scott Harris, P.C.
111 W. Jackson Blvd., Suite 600
Chicago, IL 60604

Computer Credit, Inc.
640 W. 4th Street
Winston-Salem, NC 27113

Addison Central Pathology
520 E. 22nd Street
Lombard, IL 60148

Best Practices Inpatient Care, Ltd.
P.O. Box 268
Lake Zurich, IL 60047

Convergent Outsourcing, Inc.
P.O. Box 9004
Renton, WA 98057

Addison Radiology Associates, SC
520 E. 22nd Street
Lombard, IL 60148

Capital Management Services, LP
726 Exchange Street, Suite 700
Buffalo, NY 14210

Credit Control, LLC
5757 Phantom Drive, Suite 330
Hazelwood, MO 63042

Advanced Radiology Consultants
520 E. 22nd Street
Lombard, IL 60148

Carson Pirie Scott / Comenity Bank
Bankruptcy Department
P.O. Box 182125
Columbus, OH 43218

Credit Management, LP
4200 International Pkwy
Carrollton, TX 75007

Advocate Lutheran General Hospital
P.O. Box 4249
Carol Stream, IL 60197

CBE Group
1309 Technology Pkwy
Cedar Falls, IA 50613

Credit Protection Association
13355 Noel Rd Ste 2100
Dallas, TX 75240

Affiliated Radiologists, SC
Dept. 4104
Carol Stream, IL 60122

City Of Chicago
Department Of Finance
P.O. Box 88292
Chicago, IL 60680

Creditors Collection Bureau, Inc.
755 Almar Pkwy.
Bourbonnais, IL 60914

Allied Interstate, LLC
P.O. Box 4000
Warrenton, VA 20188

City Of Chicago
Emergency Medical Services
33589 Treasury Center
Chicago, IL 60694

Dependon Collection Service
P.O. Box 4833
Oak Brook, IL 60522

Alpha Recovery Corp.
5660 Greenwood Plaza, Suite 101
Greenwood Village, CO 80111

Clinical Associates
1460 Market Street, Suite 300
Des Plaines, IL 60016

Diversified Collection Services
900 S. Highway Drive, Suite 120
Fenton, MO 63026

Anthony M. Montemurro
6097 N. Northwest Hwy.
Chicago, IL 60631

ComEd
P.O. Box 805379
Chicago, IL 60680

Diversified Consultants, Inc.
P.O. Box 551268
Jacksonville, FL 32255

Elgin Laboratory Physicians
175 S. Lincoln Avenue, #1515
Addison, IL 60101

Illinois Collection Service (original Creditors)
8231 185th St Ste 100
Tinley Park, IL 60487

Medical Business Bureau, LLC
1460 Renaissance Drive, Suite 4
Park Ridge, IL 60068

Enhanced Recovery Co.
8014 Bayberry Rd
Jacksonville, FL 32256

Illinois Collection Service, Inc.
8231 185th St Ste 100
Tinley Park, IL 60487

Medical Recovery Specialists, LLC
2250 E. Devon Avenue, Suite 352
Des Plaines, IL 60018

Firstsource Solutions, LLC
1661 Lyndon Farm Court
Louisville, KY 40223

Illinois Collection Service, Inc.
8231 185th St Ste 100
Tinley Park, IL 60487

Merchants Credit Guide
223 W. Jackson Blvd., Suite 400
Chicago, IL 60606

Grant & Weber
861 Coronado Center Dr S
Henderson, NV 89052

Illinois Collection Service, Inc.
P.O. Box 1010
Tinley Park, IL 60477

Merchants Credit Guide
223 W Jackson Blvd Ste 4
Chicago, IL 60606

Grant & Weber, Inc.
26575 W. Agoura Road
Calabasas, CA 91302

Jacob Moskovic, MD
120 W. Eastman Street, Suite 202
Arlington Heights, IL 60004

Midland Credit Management, Inc.
8875 Aero Drive, Suite 200
San Diego, CA 92123

Harris & Harris, Ltd.
111 W. Jackson Blvd., Suite 400
Chicago, IL 60604

Joseph O'Donnell & Associates
1400 E. Golf Road, Suite 105
Des Plaines, IL 60016

Midwest Imaging Professionals
P.O. Box 371863
Pittsburgh, PA 15250

HK Craig & Associates, LLC
534 S. Pineapple Avenue
Sarasota, FL 34236

Linebarger Goggan Blair & Sampson, LLP
P.O. Box 06152
Chicago, IL 60606

MiraMed Revenue Group
991 Oak Creek Drive
Lombard, IL 60148

HK Craig & Associates, LLC
P.O. Box 3529
Sarasota, FL 34230

LVNV Funding, LLC
P.O. Box 10497
Greenville, SC 29603

Nationwide Credit & Collection, Inc.
815 Commerce Drive, Suite 270
Oak Brook, IL 60523

Holy Family Medical Center
62400 Collection Center Dr.
Chicago, IL 60693

McDermott Center Dba Haymarket Center
932 W. Washington Blvd.
Chicago, IL 60607

Nicor Gas
P.O. Box 5407
Carol Stream, IL 60197

HS Financial Group, LLC
P.O. Box 451193
Westlake, OH 44145

Med-Pol, SC
7624 W. Belmont Avenue
Chicago, IL 60634

North Shore University Healthsystem
Hospital Billing
23056 Network Place
Chicago, IL 60673

Northwest Collectors
3601 Algonquin Rd Ste 23
Rolling Meadows, IL 60008

Rush University Medical Center
Patient Financial Services
P.O. Box 4075
Carol Stream, IL 60197

Wakefield & Associates, Inc.
P.O. Box 58
Fort Morgan, CO 80701

Northwest Pulmonary Assoc.
7447 W. Talcott Avenue, Suite 542
Chicago, IL 60631

Staniscontr
914 14th St Pob 480
Modesto, CA 95353

Northwestern Medical Group
26609 Network Place
Chicago, IL 60673

T-Mobile Bankruptcy Team
P.O. Box 53410
Bellevue, WA 98015

Northwestern Medicine
28155 Network Place
Chicago, IL 60673

The Room Place
P.O. Box 182789
Columbus, OH 43218

Pinnacle Management Services
514 Market Loop, Suite 103
West Dundee, IL 60118

Tribute
Po Box 105555
Atlanta, GA 30348-9999

Presence Health
62314 Collection Center Drive
Chicago, IL 60693

United Recovery Services, LLC
18525 Torrence Avenue, Unit C6
Lansing, IL 60438

Receivables Performance
20816 44th Ave W
Lynnwood, WA 98036

University Pathologists, PC
5620 Southwyck Blvd.
Toledo, OH 43614

Resurrection Health Care
62314 Collection Center Drive
Chicago, IL 60693

Van Ru Credit Corporation
11069 Strang Line Road, Bldg E
Lenexa, KS 66215

Resurrection Medical Center
7435 W. Talcott Avenue
Chicago, IL 60631

Village Of Broadview
P.O. Box 88850
Carol Stream, IL 60188

Resurrection Medical Group
62145 Collections Drive
Chicago, IL 60693

Village Of Schiller Park
P.O. Box 88850
Carol Stream, IL 60188